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FAX:

216.623.0134 FAX

DATE: 09/18/2006

PAGES (INCLUDING COVER PAGE Examiner Amina S. Khan

571.273.8300

To: Response to Office Action FROM: Eileen T. Mathews

CLIENT MATTER:

094342.0033

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COMMENTS:

Dear Examiner.

Please see the attached:

- 1. Response to Office Action
- 2. Petition for Extension of Time
- Fee Transmittal

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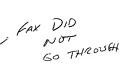
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DATE:	09/18/2006	PAGES (INCLUDING COVER PAGE):	
то:	Examiner Amina S. Khan Response to Office Action	FAX:	571.273.8300
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ses pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Complete If Known 10/699,308 Application Number FEE TRANSMITTAL Filing Date 10/31/2003 For FY 2005 First Named Inventor Wright, et al Examiner Name Amina S. Khan Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1751 TOTAL AMOUNT OF PAYMENT (5) 200.00 094342.0033 Attorney Docket No METHOD OF PAYMENT (check all that apply) Money Order None Other (please identify): Deposit Account Deposit Account Number: 500959 Deposit Account Name: Roetzel & Andress For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES ma<u>ll Entity</u> Fee Description Fee (\$) ee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Fee (\$) Extra Claims Fee Paid (\$) Multiple Dependent Claims _ - 20 or HP = ___ 4 ___50__ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE . APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) /50= (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 41,973

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